

L O SIMENSTAD NURSING CARE UNIT
301 RIVER ST BOX 218

OSCEOLA 54020 Phone:(715) 294-5641

Owned from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? Yes

Number of Beds Set Up and Staffed (12/31/04): 40

Total Licensed Bed Capacity (12/31/04): 40

Number of Residents on 12/31/04: 37

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Non-Profit Corporation

Skilled

No

No

Yes

35

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		29.7
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		56.8
Supp. Home Care-Household Services	No	Developmental Disabilities	2.7	Under 65	0.0	More Than 4 Years		13.5
Day Services	No	Mental Illness (Org./Psy)	62.2	65 - 74	10.8			-----
Respite Care	No	Mental Illness (Other)	13.5	75 - 84	32.4			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.9	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.8	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	0.0	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	10.8		-----	RNs		10.7
Referral Service	No	Diabetes	5.4	Gender	%	LPNs		6.9
Other Services	No	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	2.7	Male	27.0	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	73.0			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	0	0.0	0	20	100.0	129	0	0.0	0	17	100.0	143	0	0.0	0	0	0.0	37	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	0	0.0		20	100.0		0	0.0		17	100.0		0	0.0		0	0.0	37	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	4.5	Bathing	0.0	70.3	29.7	37
Private Home/With Home Health	0.0	Dressing	10.8	59.5	29.7	37
Other Nursing Homes	13.6	Transferring	24.3	48.6	27.0	37
Acute Care Hospitals	72.7	Toilet Use	18.9	45.9	35.1	37
Psych. Hosp.-MR/DD Facilities	4.5	Eating	43.2	37.8	18.9	37
Rehabilitation Hospitals	0.0	*****				
Other Locations	4.5	Continence	%	Special Treatments		%
Total Number of Admissions	22	Indwelling Or External Catheter	5.4	Receiving Respiratory Care		0.0
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	70.3	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	9.1	Occ/Freq. Incontinent of Bowel	45.9	Receiving Suctioning		0.0
Private Home/With Home Health	13.6			Receiving Ostomy Care		2.7
Other Nursing Homes	9.1	Mobility		Receiving Tube Feeding		0.0
Acute Care Hospitals	18.2	Physically Restrained	0.0	Receiving Mechanically Altered Diets		32.4
Psych. Hosp.-MR/DD Facilities	4.5			*****		
Rehabilitation Hospitals	0.0	Skin Care		Other Resident Characteristics		
Other Locations	0.0	With Pressure Sores	0.0	Have Advance Directives		100.0
Deaths	45.5	With Rashes	40.5	Medications		
Total Number of Discharges				Receiving Psychoactive Drugs		54.1
(Including Deaths)	22					

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities					

	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	87.5	91.7	0.95	88.8	0.99
Current Residents from In-County	64.9	85.3	0.76	77.4	0.84
Admissions from In-County, Still Residing	36.4	14.1	2.58	19.4	1.87
Admissions/Average Daily Census	62.9	213.7	0.29	146.5	0.43
Discharges/Average Daily Census	62.9	214.9	0.29	148.0	0.42
Discharges To Private Residence/Average Daily Census	14.3	119.8	0.12	66.9	0.21
Residents Receiving Skilled Care	100.0	96.2	1.04	89.9	1.11
Residents Aged 65 and Older	100.0	90.7	1.10	87.9	1.14
Title 19 (Medicaid) Funded Residents	54.1	66.8	0.81	66.1	0.82
Private Pay Funded Residents	45.9	22.6	2.04	20.6	2.23
Developmentally Disabled Residents	2.7	1.4	1.97	6.0	0.45
Mentally Ill Residents	75.7	32.7	2.32	33.6	2.25
General Medical Service Residents	2.7	22.0	0.12	21.1	0.13
Impaired ADL (Mean)*	54.6	49.1	1.11	49.4	1.11
Psychological Problems	54.1	53.5	1.01	57.7	0.94
Nursing Care Required (Mean)*	9.5	7.4	1.28	7.4	1.27